

CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1624	SSN OR EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT OPR
POSITION Executive Director		CB/ID NO.: EXEMPT	DIVISION OR BUREAU California Volunteers		PCA # 1110611200
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS 1110 K Street Suite 210		TELEPHONE NUMBER 916-323-7646
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) - CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
											\$0.00		\$0.00	
3/21	0630 1845	Sac to San Diego		\$10.00						\$15.00	40	\$22.00		\$47.00
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COLUMN CODE ACCTG USE ONLY

CLAIM TOTAL	\$	\$47.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Speaking at the University of San Diego Non-Profit Management and Leadership Program Conference

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

3/27/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

DATE 3.27.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_